

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22578

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. 3943 Iowa an)

File No.....  
Registered No. 6802  
St. .... Ward)

**2. FULL NAME**

Robert J. Moore  
(a) Residence. No. 3943 Iowa 9 St., 24 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W. White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
9 - 4

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work School  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Patterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

14. INFORMANT Thos Moore  
(Address) 3943 Iowa

15. FILED Near C Stanley  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1928

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1928 to June 28, 1928 that I last saw h. live on June 28, 1928, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Acute Endocarditis  
91A  
934  
1870  
1870  
1870  
(duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Acute Dilatation  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

21. WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Edwin H. H. M. D.  
, 19 (Address) 377 V. P. O. Selway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 6/30 1928

20. UNDERTAKER Southern ADDRESS 7315-8  
Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FADING INK—THIS IS A PERMANENT RECORD

